Norwood

Copper Beech

Inspection report

Ravenswood Village
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Date of inspection visit:
08 March 2016

Date of publication:
20 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 8 March 2016 and was unannounced.

Copper Beech is a care home which is registered to provide care (without nursing) for up to four people with a learning disability. The home is a large detached building situated on a village style development together with other similar care homes run by the provider. It is situated some distance from local amenities and public transport. There are four self-contained flats and at the time of the inspection three people were living in the home.

The registration certificate on display was not up to date. The manager undertook to complete the necessary forms to ensure that the certificate accurately reflected the service provision. There was a registered manager for the service who worked 24 hours per week. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The recruitment and selection process ensured people were supported by staff of good character. There was a sufficient amount of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with highly effective care from a core of dedicated staff who had received support through supervision, staff meetings and training. People's care plans detailed how they wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and/or health related issues. They helped to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care.

Staff were supported to receive the training and development they needed to care for and support people's individual needs. People received very good quality care. The provider had taken steps to periodically assess and monitor the quality of service that people received. This was undertaken by the home manager and the deputy manager through internal audits, through care reviews and requesting feedback from people and their representatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Relatives felt that people were very safe living there.

Staff knew how to protect people from abuse.

The provider had emergency plans in place which staff understood and could put into practice.

Staff had relevant skills and experience and were sufficient in numbers to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns or ideas.

People had their freedom and rights respected. Staff acted within the law and knew how to protect people should they be unable to make a decision independently.

People were supported to eat a healthy diet and were supported to see health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as far as possible.

The staff team worked very hard to make sure they understood

people and that they understood them.

People responded to staff in a highly positive manner. Staff knew people's individual preferences very well.

Staff knew the needs of people extremely well and used this understanding to enhance their quality of life and sense of well being.

Is the service responsive?

Good

The service was responsive.

Staff responded quickly and appropriately to people's individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs and preferences.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

People' relatives and staff said the manager was very open and approachable.

People had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager had carried out formal audits to identify where improvements may be needed and had acted on these.

Copper Beech

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 8 March 2016 by one inspector and was unannounced.

Before the inspection we looked at all the information we had collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law. On the day of the inspection the manager provided us with a copy of the provider information return (PIR). It had not been received electronically by CQC due to technical difficulties. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed care and support in people's own flats. We spoke with the three people who lived in the home and received feedback from three relatives of people who use the services. People living in the service were unable to provide us with any verbal feedback about their experience of the care provided. We spoke with the manager of the home, the deputy manager and three staff in private. We also spoke with the Quality and Compliance manager for the village. We contacted a range of health and social care professionals and received information from a local authority commissioner and a specialist dietician.

We looked at three people's care plans and records that were used by staff to monitor their care. We also looked at duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns were readily available in the office. Staff were aware of the organisations whistle blowing procedure and were confident to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management. One relative when asked if their family member was safe told us, "Absolutely. I have no concerns about the safety of (name)". Another said, "The quality of care is fantastic. I have no doubts whatsoever that (name) is kept safe at all times".

The provider had robust recruitment practices which helped to ensure people were supported by staff who were of appropriate character. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers were obtained to check on behaviour and past performance in other employment.

The staff rota was seen and demonstrated that there were enough staff throughout the day and night to meet people's assessed needs. This included one to one support for each of the three people who were supported and in addition a fourth member of staff was available during the hours of 9am and 7pm. There were currently a full-time assistant manager post and 1.5 full time equivalent care staff vacancies. The care staff hours were covered by regular agency staff and the providers own bank staff facility. Staff told us that there were sufficient staff on duty to meet people's needs and to keep them safe.

Risk assessments were carried out and reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. They were personalised and fed into people's support plans to ensure support was provided in a safe manner. The guidance for staff provided detailed information on how to manage and reduce the risks associated with individual's needs, activities and everyday situations. However, appropriate risks were assessed to ensure that people participated in activities of their choice. Risk assessments relating to the service and the premises including those related to health and safety and use of equipment were in place. The fire risk assessment required updating. We received confirmation that this had been completed following the visit to the service.

Regular checks were carried out to test the safety of such things as water temperature, gas appliances and electrical appliances. Thermostatic control valves had been fitted to hot water outlets to reduce the risk of scalding, and radiator covers had been fitted. Window restrictors were in place to reduce the risk of falls. The fire detection system and the fire extinguishers had been tested in accordance with manufacturer's guidance and as recommended in health and safety policies. Fire drills had been conducted twice in the previous year. We saw that a contingency plan was in place in case of unforeseen emergencies. This document provided staff with contact details for services which might be required together with guidance and what procedures to follow if events such as adverse weather occurred.

There was a maintenance contract in place with a private company who employed a range of trade professionals some of whom were located on the same site as the care homes. They were able to address maintenance issues including those that required urgent attention. The manager told us that their experience had been that maintenance concerns were addressed in a timely manner.

People were given their medicines safely by staff who had received face to face training which was supplemented by six monthly e-learning. Competency assessments in the safe management of medicines were being introduced as per the provider guidance and we were provided with assessment dates for all staff following the visit. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) and stock was checked on a weekly basis by the assistant manager. Additional checks included weekly fridge temperature checks, people's medication records and staff signing sheets. All medication administrators and medication checkers were identified at the start of each shift on a shift planner. We saw a pharmacy audit report from the supplying chemist dated 17 December 2015. It raised two issues which had since been addressed. Feedback from a specialist dietician was complementary about the services' involvement with one person who required extremely close monitoring in relation to their diet and medication.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the manager and provider. Staff knew people very well and understood their needs and preferences. They obtained people's consent before they supported them and discussed activities with them in a way people could understand. One relative told us, "The home is highly effective. My (family member) would not be the person he is today without the dedication of the manager and staff at Copper Beech".

The manager and staff knew of the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. All new staff received a two week induction when they began work at the service. This included time shadowing more experienced staff until individuals felt confident working without direct supervision. We were told that agency staff also received an induction into the home which included an overview of each person living there. They too spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. One relative told us that she had witnessed new staff being supported during visits to the home. After induction, staff continued to receive further training in areas specific to the people they worked with such as epilepsy, autism and understanding behaviour that challenged the service. Training was refreshed for staff regularly and further training was available to help them progress and develop. We saw the staff training record which provided an overview of all training undertaken and when training was either booked or was overdue.

Individual meetings were held between staff and their line manager on a regular basis. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. We were told by staff that these meetings provided guidance by the line manager in regard to work practices and opportunities were given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. These were scheduled to commence in April and conclude by June 2016. Staff told us that the manager was very approachable and that they could always speak with her or the deputy manager to seek advice and guidance.

Staff meetings were held regularly and included a range of topics relevant to the running of the home. During the course of the inspection we listened in to a staff meeting and found that it covered appropriate topics relating to people and the running of the service. Staff told us they found these very useful. At the meetings staff were provided with an opportunity to discuss peoples changing needs and suggest ideas for more effective interventions and support. The manager told us that the meeting discussion was recorded by an administrator from the village which allowed her to chair the meeting more effectively and had eliminated delays in the minutes becoming available.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so, when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive

option. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). Staff had received training in the MCA and understood the need to assess people's capacity to make decisions. Discussions with the manager, feedback from one local authority and records showed that appropriate referral's for DoLS applications had been made in respect of individual's capacity to make particular decisions.

People's health needs were identified and effectively assessed. Care plans included the history of people's health and current health needs. People received regular health and well-being check-ups and any necessary actions were taken to ensure people were kept as healthy as possible. Detailed records of health and well-being appointments, health referrals and the outcomes were kept.

People were supported to make healthy living choices regarding food and drink. Their meals were freshly prepared and well-presented. Each person's preferences were recorded in their care plan. Activities sometimes included eating out where individuals continued to make their own choices. Staff had received safe food handling and nutritional awareness training to support people to maintain a balanced diet.

The home had undergone a complete refurbishment which had replaced individual bedrooms and reduced the number of people who could be accommodated to four. The standard of the fixtures and fittings was good.

Good

Is the service caring?

Our findings

People were not able to provide a view about the staff team and their experience of living in the home. However, all three relatives we spoke to were highly complementary about the manager, staff and the standard of care that people received. Comments included, "They are wonderful. (My family member) could not enjoy a better quality of life". "The manager and all the staff are angels. They are so caring and thoughtful". One relative told us that when she visited recently the staff had purchased flowers on their family member's behalf and they had supported him to give them to her as a mother's day gift. She told us that she was moved to tears and was so grateful to the staff for their caring and considerate approach. Other comments when referring to staff included 'brilliant', 'fantastic', 'top notch', 'they deserve a medal'.

Another relative provided an example where their family member had been distressed for some time and there were concerns that they were not eating enough. Whilst visiting the home a staff member dashed down the corridor clearly excited and happy and announced that (name) had eaten a whole bowl of porridge. This was despite not knowing that the relative was in the home at the time. This relative told us that it was their view that staff genuinely cared for their family member.

Care plans provided detailed descriptions of the people supported. There had been input from families, historical information, and contributions of the staff team who knew them well together with the involvement of people themselves. Care plans were written by the manager and updated by key workers. It was noted that each document had a separate staff signing sheet attached. It was unclear as to the exact purpose of the signing sheets none of which were fully completed by all staff working in the home. The manager together with more senior managers from within the provider organisation were in the process of evaluating the need for staff signing sheets for every piece of documentation within the care and support plans.

Staff were clearly very committed to their role and were proud of the standard of care that was provided. Staff told us that they provided highly person centred care which ensured that the support was excellent. It was apparent through discussion with the manager, deputy and care staff that people's individual needs and preferences were very well understood. This ensured that any changes in a person's need's was quickly acted upon in a calm and professional manner. We saw staff interacting with individuals calmly and in one example directed a person away from excessively grabbing the hand of the inspector in a firm but unobtrusive manner.

Each person had an identified member of staff who acted as their keyworker. A keyworker is a member of staff who works closely with a person, their families and other professionals involved in their care and support in order to get to know them and their needs well. All staff within the service had received great interaction training from a specialist team from within the provider organisation. This training was designed to ensure that individual's communication needs were fully understood by all staff. In addition, it ensured that agreed procedures and communication methods were used consistently with individuals by the staff team. Throughout the visit staff were communicating and interacting with people in a respectful and positive way and it was evident that staff knew people's preferred way of communicating to a high standard.

Each person using the service had particular communication difficulties and support needs, however staff ensured that they were involved in making decisions about their care as far as possible. Information was provided in different formats such as pictures to help people understand such things as activities and meals. Staff provided examples of how individuals communicated their needs and feelings. These included gestures or facial expressions that could only be interpreted and understood by people who knew the individuals extremely well and were sensitive to their moods. We saw examples of this in action during our visit. Information was provided in different formats such as pictures to help people understand such things as activities and meals.

One person had been helped to use an electronic tablet which enabled them to communicate directly with relatives. This impacted on the person's feelings of well-being and contentment for some time after each contact. This meant that they were happy and in a positive frame of mind to participate in and enjoy their lifestyle.

Policies and procedures were in place to promote people's privacy and dignity and to make sure people were at the centre of care. Staff made reference to promoting people's privacy and clearly demonstrated an in-depth knowledge of the people using the service. They knew what people's preferences were and how they liked to spend their time. Staff described the communication in the home as good. They told us they were kept fully informed and up to date with any changes in people's support requirements. This was achieved through daily handover meetings, reading the communication book and general updates through daily discussion. Relatives told us that they were always updated on a regular basis as to their family members activities, wellbeing and any changes that occurred.

People were supported to maintain their independence wherever possible. Staff encouraged and supported people to make choices and take part in everyday activities such as shopping and cooking. Individual care and support plans provided staff with guidance on how to promote people's independence. All documentation about people who lived in the home was kept secure to ensure their confidentiality.

Good

Is the service responsive?

Our findings

Staff were aware of peoples' needs at all times. All three people living in the home were supported by one to one staffing. Staff were able to quickly identify if people needed help or attention and responded immediately. Staff accurately interpreted people's body language or communication sounds and acted appropriately. One relative told us, "The staff are excellent at knowing what (name) needs and wants. They are very supportive and responsive to me as well which I am very grateful for".

The service worked in a person centred way. It was apparent through observation and discussion with staff that people's individual preferences in relation to how they spent their time, what they enjoyed and gave them pleasure was well understood. One visiting healthcare professional told us, "Individualised care and communication with my client is evident when I visit the home". A local authority commissioner told us, "Staff work in a person centred manner and encourage social interaction and participation in group activities on service user's terms".

Care plans were very detailed and daily records were accurate and up-to-date. Staff told us that they felt there was enough detailed information within people's care plans to support people in the way they wanted to be supported. Because people were unable to express their own views fully, family and professionals had been involved in helping to develop the support plans. Care and support plans centred on people's individual needs. They detailed what was important to the person, such as contact with family and friends and attending community events. Daily records described how people had responded to activities and the choices that were given. Staff looked at people's reactions and responded accordingly. Staff were very knowledgeable about the care they were offering and why. They were able to offer people individualised care that met their current needs. The skills and training staff needed to offer the required support was noted and provided, as necessary. Care plans were reviewed annually or more frequently if a change in a person's support was required.

A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they were part of the community. Individuals were able to pursue a wide range of leisure interests including swimming, eating out, walking and visits to places of interest to the individual. People were supported to have contact with their families and some people stayed with relatives and were helped to do so.

The provider had a complaints policy and a complaints log to record any complaints made. At the time of the inspection there had been no complaints since the last inspection. The manager told us that any comments or concerns raised by people themselves or their relatives were addressed without delay. This was confirmed in discussion with relatives. Staff described body language, expressions and behaviours which people would use to let staff know when they were unhappy. Information about how to complain was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. The complaints procedure was displayed in the office so that visitors could access information which would help them make a complaint.

Good

Is the service well-led?

Our findings

There was a registered manager at Copper Beech. The registered manager was present throughout the inspection process. They consistently notified the Care Quality Commission of any significant events that affected people or the service.

Staff described the manager as very approachable and very supportive. There was an open and supportive culture in the service. Staff said the manager had an open door policy and offered support and advice when needed. The staff team were caring and dedicated to meeting the needs of the people using the service. They told us that they felt supported by the manager and worked well as a team. They told us the manager kept them informed of any changes to the service provided and needs of the people they were supporting. All staff we spoke with told us that they felt happy working in the service, and were motivated by the support and guidance they received to maintain high standards of care. It was apparent that staff were aware of the responsibilities which related to their role and were able to request assistance if they were unsure of something or required additional support. Staff told us they were listened to by the manager and felt they could approach her and the assistant manager with issues and concerns.

The manager and staff were highly regarded by the relatives of people living in the service and they said that communication between them and the home was very responsive and effective. Comments included, "The manager and staff are excellent. She (the manager) is very committed which shows in the dedication and enthusiasm of her team". "The manager and staff are just fantastic. They are all wonderful and cannot do enough". "(name) is an excellent manager. She is first class". The manager was well supported by her line manager. In addition, there was a programme of regular managers meetings where best practice could be shared and common themes were discussed.

The views of people, staff and other interested parties were listened to and actions were taken in response, if required. The service had various ways of listening to people, staff and other interested parties. People had regular reviews during which staff discussed what was working and what was not working for them. People's families and friends were sent questionnaires periodically. Staff views and ideas were collected by means of regular team meetings and 1:1 supervisions. We were told of plans to introduce a quarterly newsletter which would be sent to relatives to inform them of developments, achievements and changes affecting the home.

The manager told us links to the community were maintained by ensuring people engaged in activities outside the service. People used individual cars to access facilities in the community and for day trips. They used the swimming pool, sports centres, coffee shops and attended social activities of their choice wherever possible. The service promoted and supported people's contact with their families. The service worked closely with health and social care professionals to achieve the best care for the people they supported. One health care professional told us, "The manager directs care and ensures care programmes are carried out, and communicates well with health care professionals".

Overall the service had robust monitoring processes to promote the safety and well-being of the people who use the service. Health and safety audits were completed by the registered manager and/or senior staff

where actions and outcomes were recorded. However, it was not possible to ascertain whether action had been taken in relation to some issues raised as a result of an organisational health and safety review undertaken in March 2015. A programme of internal audits was completed by the manager and managers from other homes on rotation which included medication, care plans and a range of other records. Monitoring of significant events such as accidents and incidents was undertaken by the manager. In addition to the audits carried out by the manager, the provider completed additional checks on the service including periodic medication and general health and safety reviews. The Quality and Compliance manager had visited the home in the last year to conduct thorough audits of the procedures for managing medications and for a wider review of care processes and documentation.

People's changing needs were accurately reflected in their care plans and risk assessments. Records detailed how needs were to be met according to the preferences and best interests of people who lived in the service. People's records were of good quality, fully completed and up-to-date. The use of staff signing sheets which did create additional work for the management team was subject to review. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and mostly up-to-date.